Cultural Competency for the Health Professional

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Dedication

With deep and abiding gratitude, I dedicate this work to my wonderful husband, Jeffrey, and our two beautiful and intelligent children, now young adults, Courtney and Brandon. I am extremely proud of these three fantastic people and love them intensely. I have been blessed with the joyful experience of being married to my husband for over 25 years and we have been honored with the gift of raising two wonderful children together. This dedication is offered to Jeff, Courtney, and Brandon, humbly and with appreciation that life has given us cherished moments and memories together that will last a lifetime.

Also, although they have departed this earth, I dedicate this book to the memory of my beloved brother Rande, who, beyond being my sibling, was a wonderful friend, and my mother, Effie, who was the strongest and most intuitive woman I have ever encountered. They both inspired me and helped me to define myself in this complex world. They solidified my understanding that people are in your life for a season/reason/lifetime. I enjoyed both the season and reason for sharing a portion of my life experience with them and I am grateful that I had the experience of knowing them.

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Preface

The 2010 Census data has emerged, and it is clear the United States is more diverse than ever before. Consequently, the term "minority," which is used to describe various racial groups and the Hispanic ethnic group, in terms of their previous national percentages relative to the mainstream population, is becoming obsolete. The current replacement term for minority is "emerging majority." This new information is relevant to health professionals and will help them serve these emerging majority groups in a more culturally competent manner. According to Kosoko-Lasaki, Cook, and O'Brien (2009, p. xiii), "Cultural competency has been addressed by legislative, accreditation and regulatory mandates since 1946 (Hill-Burton) Act (p. xiii)." To some this is a known fact, but I often encounter individuals who disagree with the necessity for cultural competency. For example, I recently gave a presentation for approximately 300 health professionals at a university. The lecture was entitled "Cultural Competency in the Clinical Setting." The main points in my lecture, also covered in this text, were to explain the difference between cultural competency and diversity, provide insight into nuances of various cultural groups, and review the cultural competence continuum.

After the lecture I was met with a long line of students, eager to ask questions and speak with me one-on-one. One student approached me and indicated he had a great deal of concern about the focus of my talk; he stressed that it promoted "tribalism." He believed all people immigrating to the United States or from a minority group living in the United States should assimilate to the mainstream culture. He also believed that there should not be accommodations made to meet "their" needs but they should conform to "our" way of life. Interestingly, I was not surprised by his comments. There are always individuals in attendance who have strongly held beliefs in this regard. From a linguistic competency perspective, some of these same individuals believe that in order to be treated by health professionals, patients must speak English. This view does not take into consideration the need to value and appreciate the diversity of all people, and the importance of health professionals to continually learn about other cultures to ensure the provision of optimal health services.

According to Snipp (2010), "The process of identifying some people as 'like us' and others as 'not like us' is one that predates written history and quite possibly was present in the earliest forms of human societies" (p. 106). Snipp (2010) further states "counting people by race is a tradition deeply embedded within the governing framework of the United States" (p. 111). Understanding that there are culturally diverse groups in the United States who may or may not want to assimilate into mainstream culture but nevertheless need health care providers who value and appreciate their diversity, would seem to be an area of agreement in the healthcare field, but is not necessarily the case. Sometimes the lack of cultural understanding leads to areas of concern, including malpractice suits and other forms of disagreement, which are discussed thoroughly in this text.

The health professions are very diverse, with more than 200 recognized professional fields comprising a substantial portion of the US healthcare workforce (all fields except for physicians and nurses are considered within the term "health professionals" in this text). Because of the enormity of this field, the services are far reaching, resulting in various encounters with culturally diverse individuals. Furthermore, as demographics continue to change rapidly in the United States, occupations in the health professions continue to grow. To meet the needs of health care in the United States, based on the new healthcare reform bill signed into law in 2010, there will inevitably be a need to increase the number of those individuals who can help foster the system through the offering of their expertise. These individuals include but are not limited to physician assistants, medical assistants, physical and occupational therapists, laboratory technicians, radiology technologists, dental hygienists, dieticians, surgical assistants, phlebotomists, audiologists/speech-language pathologists and respiratory therapists. Given that all these health professionals are formally educated, clinically trained and credentialed within the context of the certification process, and registered and/or licensed, it is clear that cultural competency should be included in the process. This inclusion in their education will only enhance the health professional's ability to interact with culturally diverse patients and hopefully provide more positive outcomes. The following is according to Koenig (2008, p. 161):

> The United States' persistent health disparities are widely recognized. In 2003 the Institute of Medicine (IOM 2003) published a major report examining the state of minority health in the United States. The report documented differences in rates of common diseases like cancer or heart disease, as well as significant variations in mortality rates and overall life expectancy. Black-white differences are especially troubling;

> U.S. whites consistently outlive blacks. And these differences persist even among those with equal access to health insurance, such as those older than 65 who are covered by Medicare. The experts convened by the IOM cited a large body of empirical research that underscores the existence of this and other health disparities among U.S. groups.

An important aspect of this book is the discussion of health disparities and its relevance to health professions. Another aspect is to provide insight into how cultural competency, as a skill set acquired by health professionals, will help to alleviate these serious issues health disparities cause. Clearly, a number of contributing factors are relevant to health disparities, also pointed out by Koenig (2008, p. 161) in her indication that "... lack of health services, and unequal treatment when care is sought, account for a significant portion of racial and ethnic health disparities...." This text offers a detailed perspective on how cultural competency plays a crucial role in finding a resolution.

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My daughter, Courtney Rose, who received a Master's Degree in Education from Harvard University, is now a fifth grade teacher and serving as a Teach for America Corp Member. Watching her serve in the challenging educational system in the inner city is intense, but seeing her accomplish this courageous task is inspiring.

I also thank my son, Brandon Rose, who graduated from Yale University with a Bachelor's Degree in History and who is completing his third year of Law School at the University of Florida. Observing him complete a summer associate position and receive and accept an offer as an associate with a prestigious law firm in Miami, which he will begin upon graduation from law school, is a delight, knowing he is steadfastly achieving his goal to become an attorney, successfully.

I thank my children because they inspire me and brighten my life experience, always. Their presence helps me to accomplish my dreams and goals, one of which is to write books that hopefully will make a difference in the lives of those who read them. The difference I attempt to make with my work is to bring to the forefront a clear understanding that we must value and appreciate differences in each other as diversity and culture are wonderful aspects of life.

I also thank my colleagues, Dr. Anthony Munroe and Omari Keeles for their submission of one chapter each as contributing authors. Their efforts are very important aspects of this work. Additionally, gratitude is offered to Dr. Donna Shalala, current President of the University of Miami and former

Secretary of the US Department of Health and Human Services, for taking time out of her hectic schedule for an interview with me, which is the basis for Chapter 10. Her candid, knowledgeable, and straightforward insight is deeply appreciated.

I also thank Dr. Edmund Abaka, Director of the Africana Studies Program at the University of Miami. As with my first *Cultural Competency* text, he continued to offer support, ensuring that my teaching schedule was flexible enough to enable me to write, although I had a heavy teaching load each semester. His encouraging words and understanding lend to an environment of academic scholarship that was rewarding and uplifting as progress was made in the completion of this book. I also want to thank Dr. Robert Fullilove, Public Health Professor at the Mailman School of Public Health at Columbia University, for providing me with the opportunity to interview him. Although, ultimately, a decision was made not to include the interview in this book, I thank him for taking time for a comprehensive, detailed conversation with thoughtful and interesting insight regarding cultural competence as it relates to health care.

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Finally, and with the highest regard, I thank God, without whom nothing I achieve would be possible. There is a power in this universe that is greater than my imagination can conceive, that intuitively guides my life, and with gratitude I embrace and recognize this unseen and loving force for good.

About the Author

Dr. Patti Rose acquired her Master's Degree in Health Services Administration from the Yale University School of Public Health followed by her Doctorate in Health Education from Columbia University, Teachers College. She is the author of *Cultural Competency for Health Administration and Public Health*, published by Jones and Bartlett Publishers in 2011. She is currently a lecturer for the University of Miami Department of Anthropology where she teaches courses for Africana and American and Women and Gender Studies Programs entitled "*Black Women in Medicine and Healing*," "*Race and Healthcare in America,*" "*African Women in the Diaspora,*" "*Black America and the Educational System: Ideology vs. Reality,*" "*Culture, Race and Diversity*" and "*Contemporary Issues in America*." Formerly, she served as CEO of Rose Consulting, Inc., followed by CEO of Plainfield Health Center in Plainfield, NJ. Before that she served as Vice President of Behavioral Health Services at The Jessie Trice Center for Community Health, formerly known as Economic Opportunity Family Health Center (EOFHC), Inc., one of the largest community health centers in the nation, located in Miami, Florida, and as Consultant for that organization and other health entities. She has also held the title of Lecturer for the Yale University School of Public Health and Adjunct Professor for the University of Miami Education Department and Executive MBA Program and for the Barry University Health Services Administration Program, Associate Professor at Nova Southeastern University in Fort Lauderdale, Florida, and Assistant Professor at Florida International University in Miami, Florida (graduate-level public health programs).

Her professional affiliations have included the American College of Health Care Executives, the American Public Health Association, the Black Executive Forum, and the National Association of Health Services Executives. She was inducted into the Public Health Service Honor Roll at the Yale University School of Public Health for her long-term commitment to public health service and was appointed by the US Department of Commerce, National Institute of Standards and Technology to serve in the capacity of Examiner on the 2004 Board of Examiners of the Malcolm Baldrige National Quality Award. Dr. Rose has been married for 26 years and is the mother of two.

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